

Please type or print in ink.

2015 FEB 11 PM 5:14

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

BIRD

STEVE

C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF DIXON

Division, Board, Department, District, if applicable

DIXON City Council

Your Position

Council member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

(See Attachment)

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of

DIXON

☐ Other:

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

1/21/15

(month, day, year)

2015 Expanded Statement covers the following agencies for Steve Bird:

Dixon Successor Agency to the Dixon Redevelopment Agency
Dixon Public Finance Authority
Dixon Public Improvement Corporation